

DIVISION OF SUBSTANCE ABUSE AND MENTAL HEALTH

Assessment Summary

For DADAMH S.E.T. Service Authorization

(To be used with ASI, ADAD or other approved assessment tool on initial assessment only.)

Date of **most recent** ASI completion: _____ Requesting Facility: _____

Date of **most recent** ASI update: _____ Form completion Date: _____

Consumer last name: _____ First: _____ M I.: _____
(Print)

SS#: _____ DOB: _____

Medical Problems

Interviewer Severity Rating ☐

Employment History and Current Status

Interviewer Severity Rating ☐

Substance Abuse History

Interviewer Severity Rating **Drug** ☐ **Alcohol** ☐

Complete and fax to S.E.T. @ (302) 577-4860. Then call S.E.T. @ (302) 577-4479
Version 2.5 dated 9/01

Legal History

Interviewer Severity Rating ☐

Family/Social History (Significant Family Issues)

Interviewer Severity Rating ☐

Proof of Address (if available) Dependent Children: Y ☐ N ☐ DFS Involved Y ☐ N ☐

Mental Health History

Interviewer Severity Rating ☐

Comments (to include treatment acceptance, and relapse potential): _____

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Assessor Name (please print)	Approved Assessor Signature	Date

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